OMB Approved No. 2900-0022 Respondent Burden: 15 mins.

	/_	•
KAP.	7	
 A T		A 3
_	λ-	

Department of Veteral	ns Affairs	NOTIC	E OF II. SUBMIT C						5 E	
VA LOAN NUMBER	SERVI	CER'S LOAN NU	•	TRIOINAL	LONLI		OF THIS NO	,		
PRIVACY ACT INFORMATION: This information in Responses may be disclosed outside VA only if the Guaranty Home, Condominium and Manufactured Federal Register. RESPONDENT BURDEN: Public reporting burder searching existing data sources, gathering and matestimate or any other aspect of this collection of in DC 20420; and to the Office of Management and EAPPLICATIONS FOR BENEFITS TO THESE ADD	e disclosure is authorized. Home Loan Applicant R In for this collection of informationing the data needeformation, including sugulations, recommendation, rec	ed under the Priva Records, Specially formation is estimed, and completing gestions for redu	acy Act, including Adapted Housing Adapted to average and reviewing acing this burder	g the routing Applicates 15 minutes the collection, to the VA	ne uses id ant Recor es per res ction of in A Clearan	dentified ds, and sponse, formatio ce Offic	I in the VA sy Vendee Loar including the on. Send com er (723), 810	stem of record n Applicant - V time for revienments regard Vermont Ave	ds, 55VA26, Loan A, published in the wing instructions, ling this burden A, NW, Washington,	
TO (COMPLETE REGIONAL OFFICE/CENTER A	DDRESS)		14 HOLDER	C NAME A	ADDRESS	Z AND T	FI EPHONE	NIIMBER		
DEPARTMENT OF VETERANS AFFAIRS LOAN GUARANTY DIVISION			1A. HOLDER'S NAME, ADDRESS AND TELEPHONE NUMBER							
1B. NAME AND TELEPHONE NUMBER OF PRO			1C. SERVICIN only if different	t from hold	ler in Item	1A abo	ve)	HONE NUMBE	R (Complete	
2. ORIGINAL VETERAN BORROWER (Name and known address if different from Item 1B)	d present or last	3A. LOCATION	OF PROPERT	ГҮ			OF LOAN	HOME (5)	
					Пно	ME (1) ME (0) endomin	· ·	(Refinal	ncing) ACTURED 8)	
4. DATE OF FIRST UNCURED DEFAULT	YES I	5. POSSIBILITIES OF CURING DEFAULT HAVE BEEN EXHAUSTED YES NO (If "NO," explain in Item 12)					6. WERE OTHER TRANSFEREES INVOLVED? YES NO (If "YES," complete as much as possible of Item 7)			
NAME		7. OTHER TRAN		4		1	200141	OF CUIDITY A		
NAME		LAST KNOWN ADDRESS				SOCIAL SECURITY NUM				
	 									
8 PEPOSSES	SSION AND/OR FOREC	N OSLIDE DATA					0 1	ΙΝΙΦΛΙΌ ΒΔΙ Δ	NOE	
REPOSSES A. PROCEEDINGS WILL BE INSTITUTED ON OR AFTER (Date)	B. PROCEEDINGS UNDER PROVISIONS OF 38 CFR or 36.4317(a) WERE INSTI	R EMERGENCY 36.4280(E)	C. ESTIMA FORECLO	O/OR	9. UNPAID BALANCE OF LOAN INCLUDING UNPAID ACCRUED INTEREST A. DATE B. AMOUNT					
	(Date)	IIUIED ON	REPOSSESSION			A. DATE B. AMOUNT				
10. TOTAL AMOUNT OF DELING	UENCY	11. IS DEED IN	N LIEU OF FOR RITY OBTAINA		RE OR VO	DLUNTA	RY CONVEY	/ANCE		
A. PRINCIPAL	1	YES	NO							
A. I KINOH AL				12. H	OLDER'S	LOAN	SERVICING			
B. INTEREST			ACT(S) WITH N			4		OAN SERVIC		
C. CHARGES (Under 38 CFR 36.4246(a) or 36.4313(a)		LETTER/WIRE		NUM	MBER NOTICE OF DEFAULT WAS GIVEN				EN	
D. TOTAL DELINQUENCY	1	FACE TO FACE TELEPHONE								
	<u> </u>	13. OCCUPANCY DATA				<u> </u>				
A. IS PROPERTY OCCUPIED?	B. OCCUPANT IS (Ch	· -								
YES NO	ORIGINAL BORR	≀OWER L	TRANSFERI		TENAN		OTHER (
C. IF VACANT, KEYS TO PROPERTY MAY BE C	BTAINED FROM:			D. NAIVIE	: OF OCC	UPAN i	(If Other than	n original borro	ower)	
E. IF VACANT, HAVE STEPS BEEN TAKEN TO I	PROTECT THE PROPE	RTY?								
14. NAME AND TITLE OF AUTHORIZED OFFICIAL	Λ1			AE SIGN	ATUDE (NE ALITE	HORIZED OF	TICIAI		
HOLDER	1			is. Sign	MIUNE	JI AUTI	IONIZED OI	TICIAL		
SERVICING AGENT										

VA FORM DEC 1993

26-6851

EXISTING STOCKS OF VA FORM 26-6851, MAY 1991,